# Kansas Department of Agriculture

# Division of Food Safety and Lodging

1320 Research Park Drive, Manhattan, KS 66502 (office) 785-564-6767 (fax) 785-564-6779

### KANSAS FOOD ESTABLISHMENT INSPECTION REPORT

| Insp Date: 3/5/2015 Business ID: 111930FE Inspection | : 77001184 |
|--|------------|
|--|------------|

Business: SUBWAY Store ID:

**Phone:** 9134330433 3714 STATE AVE **Inspector:** KDA77

KANSAS CITY, KS 66102 Reason: 09 Modified Complaint

Results: Follow-up

Time In / Time Out

| Date     | In       | Out      | Insp | Travel | Total | Mileage | Notes; |
|----------|----------|----------|------|--------|-------|---------|--------|
| 03/05/15 | 09:55 AM | 10:45 AM | 0:50 | 0:10   | 1:00  | 0       |        |
| Total:   |          |          | 0:50 | 0:10   | 1:00  | 0       |        |

| FOOD ESTABLISHMENT PROFILE  |   |        |         |        |       |    |
|---|---|--------|---------|--------|-------|----|
| Insp. Notification Print  |   | Lie    | c. Ins  | p      | No    |    |
| Priority(P) Violations 2 Priority foundation(Pf) Violations 1   |   |        |         |        |       |    |
| Certified Manager on Staff · · · Address Verified þ   | Actua                                   | al Sq. | Ft. C   | )      |       |    |
| Certified Manager Present   |   |        |         |        |       |    |
| INSPECTION INFORMATION  |   |        |         |        |       |    |
| Risk factors are improper practices or procedures identified as the most prevalent contributing facting injury. Public health interventions are control measures to prevent food-borne illness or injury. Good Retail Practices are preventative measures to control the addition of pathogens, chemicals foods.  Violations cited in this report must be corrected within the time frames entered below, or as stated food code. | and ph                                  | nysica | ıl obje | ects i | nto   |    |
| P=Priority Violation, Pf=Priority foundation violation, HACCP=Hazard Analysis-Critical Control Po RTE=Ready to Eat, HSP=Highly Susceptible Population, K.S.A.=Kansas Statutes Annotated, All degrees Fahrenheit (°F).   |   |        |         |        |       |    |
| IF YOU HAVE ANY QUESTIONS PLEASE VISIT www.agriculture.ks.gov, EMAIL fsl@kda.ks.gov   | , OR C                                  | ALL    | (785)   | 564    | -676  | 7. |
| COMPLIANCE KEY: Y=in compliance; N=not in compliance; O=not observed; A=not applicable; inspection; R=repeat violation.   | C=corr                                  | ected  | on-s    | ite d  | uring |    |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS  |   |        |         |        |       |    |
|   |   |        |         |        |       |    |
| Demonstration of Knowledge  | Υ                                       | N      | 0       | Α      | С     | F  |
| Certification by accredited program, compliance with Code, or correct responses.  | • |        |         |        |       |    |
| Employee Health   | Υ                                       | Ν      | 0       | Α      | С     | F  |
| Management awareness; policy present.   |   |        |         |        |       |    |
| 3. Proper use of reporting, restriction and exclusion.  |   |        |         |        |       |    |
| Good Hygienic Practices   | Υ                                       | N      | 0       | Α      | С     | F  |

| Good Hygienic Practices  | Y | Ν  | 0  | Α  | С  | R |
|--|---|----|----|----|----|---|
| 4. Proper eating, tasting, drinking, or tobacco use                                    |   |    |    |    |    |   |
| 5. No discharge from eyes, nose and mouth.   |   | •• |    |    |    |   |
| Preventing Contamination by Hands  | Y | Ν  | 0  | Α  | С  | F |
| 6. Hands clean and properly washed.  |   |    | •• | •• | •• |   |
| 7. No bare hand contact with RTE foods or approved alternate method properly followed. |   |    |    |    |    |   |
| 8. Adequate handwashing facilities supplied and accessible.                            | þ |    |    |    |    |   |
| Approved Source  | Y | Ν  | 0  | Α  | С  | F |
| 9. Food obtained from approved source.   |   |    | •• | •• | •• |   |
| 10. Food received at proper temperature.   |   |    |    |    |    |   |
| 11. Food in good condition, safe and unadulterated.                                    |   |    |    |    |    |   |
| This item has Notes. See Footnote 1 at end of questionnaire.                           |   |    |    |    |    |   |
| 12. Required records available: shellstock tags, parasite destruction.                 |   |    | •• | •• | •• |   |
| Protection from Contamination  | Y | Ν  | 0  | Α  | С  | F |
| 13. Food separated and protected.  |   |    | •• | •• | •• |   |
| 14. Food-contact surfaces: cleaned and sanitized.                                      |   |    |    | •• | •• |   |
| 15. Proper disposition of returned, previously served, reconditioned and unsafe food.  |   |    | •• | •• | •• |   |
| Potentially Hazardous Food Time/Temperature  | Y | Ν  | 0  | Α  | С  | F |
| 16. Proper cooking time and temperatures.  |   |    |    |    |    |   |
| 17. Proper reheating procedures for hot holding.                                       |   |    |    |    |    |   |
| 18. Proper cooling time and temperatures.  |   |    |    |    |    |   |
| 19. Proper hot holding temperatures.   |   |    |    |    |    |   |
| 20. Proper cold holding temperatures.  |   |    |    |    |    |   |
| 21. Proper date marking and disposition.   |   |    |    |    |    |   |
| 22. Time as a public health control: procedures and record.                            |   |    |    |    |    |   |
| Consumer Advisory  | Y | Ν  | 0  | Α  | С  | F |
| 23. Consumer advisory provided for raw or undercooked foods.                           |   |    |    |    |    |   |
| Highly Susceptible Populations   | Y | Ν  | 0  | Α  | С  | F |
| 24. Pasteurized foods used; prohibited foods not offered.                              |   |    |    |    |    |   |
| Chemical   | Y | N  | 0  | Α  | С  | F |
| 25. Food additives: approved and properly used.  |   |    |    |    |    |   |
| 26. Toxic substances properly identified, stored and used.                             |   |    |    |    |    |   |
| Conformance with Approved Procedures   | Y | N  | 0  | Α  | С  | F |
| 27. Compliance with variance, specialized process and HACCP plan.                      |   |    |    |    |    |   |
| OD RETAIL PRACTICES  |   |    |    |    |    |   |
| Safe Food and Water  | Y | N  | 0  | Α  | С  | - |
| 28. Pasteurized eggs used where required.  |   |    |    |    |    |   |
| 29. Water and ice from approved source.  |   |    |    |    |    |   |

| Safe Food and W     | ater  |  | Υ  | N      | 0 | Α | С | R |  |  |
|---------------------|---|--|--|--------|---|---|---|---|--|--|
| 30. Variance of     |   |  |  |        |   |   |   |   |  |  |
| Food Temperature    | Υ   | N  | 0  | Α      | С | R |   |   |  |  |
| 31. Proper coo      |   |  |  |        |   |   |   |   |  |  |
| 32. Plant food      | properly cooked for   | hot holding.   |  |        |   |   |   |   |  |  |
| 33. Approved the    | hawing methods us   | sed.   |  |        |   |   |   |   |  |  |
| 34. Thermomet       | ters provided and a   | occurate.  |  |        |   |   |   |   |  |  |
| Food Identification | n   |  | Υ  | N      | 0 | Α | С | R |  |  |
| 35. Food prope      | erly labeled; origina   | l container.   |  |        |   |   |   |   |  |  |
| Prevention of Foo   | d Contamination   |  | Υ  | N      | 0 | Α | С | R |  |  |
| 36. Insects, roc    | dents and animals r   | not present.   |  | þ      |   |   |   |   |  |  |
| Fail Notes          | 6-202.13(B)(1)  | Insect control devices shall be installed so that the devices not located over a FOOD preparation area. [Bug light installed over prep table.]   | are  |        |   |   |   |   |  |  |
|                     | 6-202.13(B)(2)  | Insect control devices shall be installed so that dead insect insect fragments are prevented from being impelled onto on exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-ARTICLES.  [Fly strip full of dead flies installed over prep table top in baarea. COS discarded.]  | or fallin<br>-USE  |        |   |   |   |   |  |  |
|                     | 6-202.15(A)(3)  | Outer openings (Doors) Outer openings of a FOOD ESTABLISHMENT shall be protected against the entry of insects and rodents by solid, self-closing, tight-fitting doors. [Half inch gap under exterior door. Plastic shield at bottom of door is ineffective in keeping pests out of establishment.]   |  |        |   |   |   |   |  |  |
|                     | 6-501.111(A)  | P - Pests (Prohibited) The PREMISES shall be maintained insects, rodents, and other pests. [In cabinetry under soda fountain, 100 fresh rodent droppin fresh rodent droppings in cabinet under soda fountain on/ii box of single use creamers. In cabinetry under make table front where gloves are stored, 100 fresh rodent droppings. fresh droppings under reach in cooler behind prep line in fi house. 50 fresh droppings in cabinetry to Iright of handsink behind cash register where pizza boxes are stored. In back house, 50 fresh droppings under soday syrup storage rack corner by handsink. PIC submitted an invoice for pest conta 3/3/15, which stated no evidence of rodents present. PIC steaught a mouse 3/3/15.] | ngs. 5<br>nside<br>top up<br>100<br>ront of<br>c<br>k of<br>and i<br>trol on<br>stated | o<br>f |   |   |   |   |  |  |
|                     | 6-501.111(B)(3)   | Pf - Pests (Control Measures) The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by using methods, if evidence of pests is found, such as trapping devices or other means of pest control.  [Current pest control in ineffective. Invoice produced from Monday stated no evidence of rodents found. Mice droppings found throughout establishment in all areas except the bathrooms. Recommended PIC get new pest control.]   |  |        |   |   |   |   |  |  |
|                     | Pests (Harborage) The presence of insects, rodents, and of pests shall be controlled to eliminate their presence on the PREMISES by eliminating harborage conditions.  [On top of walk in cooler, unused equipment, boxes, unused personal items. In back area by exterior door, unused equipartially empty boxes.] | ed   | t,   |        |   |   |   |   |  |  |

37. Contamination prevented during food preparation, storage and display.

| Prevention of Food Contamination   | Υ  | Ν  | 0  | Α | С | R |  |  |
|--|----|----|----|---|---|---|--|--|
| 38. Personal cleanliness.  |    |    |    |   |   |   |  |  |
| 39. Wiping cloths: properly used and stored.   |    |    |    |   |   |   |  |  |
| 40. Washing fruits and vegetables.   |    |    |    |   |   |   |  |  |
| Proper Use of Utensils   | Υ  | Ν  | 0  | Α | С | R |  |  |
| 41. In-use utensils: properly stored.  |    |    |    |   |   |   |  |  |
| 42. Utensils, equipment and linens: properly stored, dried and handled.  |    |    |    |   |   |   |  |  |
| 43. Single-use and single-service articles: properly used.   |    |    |    |   |   |   |  |  |
| 44. Gloves used properly.  |    |    |    |   |   |   |  |  |
| Utensils, Equipment and Vending  | Υ  | Ν  | 0  | Α | С | R |  |  |
| 45a. Food and non-food contact surfaces cleanable, properly designed, constructed and used-P and Pf items  |    |    |    |   |   |   |  |  |
| 45b. Food and non-food contact surfaces cleanable, properly designed, constructed and used-Core items  |    |    |    |   |   |   |  |  |
| 46. Warewashing facilities: installed, maintained, and used; test strips.  | þ  |    |    |   |   |   |  |  |
| This item has Notes. See Footnote 2 at end of questionnaire.   | 1  |    |    |   |   |   |  |  |
| 47. Non-food contact surfaces clean.   |    |    |    |   |   |   |  |  |
| Physical Facilities  | Υ  | Ν  | 0  | Α | С | R |  |  |
| 48. Hot and cold water available; adequate pressure.   |    |    | •• |   |   |   |  |  |
| 49. Plumbing installed; proper backflow devices.   | þ  |    |    |   |   |   |  |  |
| This item has Notes. See Footnote 3 at end of questionnaire.   |    |    |    |   |   |   |  |  |
| 50. Sewage and waste water properly disposed.  | •• |    |    |   |   |   |  |  |
| 51. Toilet facilities: properly constructed, supplied and cleaned.   | þ  |    |    |   |   |   |  |  |
| 52. Garbage and refuse properly disposed; facilities maintained.   | •• | •• |    |   |   |   |  |  |
| 53. Physical facilities installed, maintained and clean.   |    |    |    |   |   |   |  |  |
| 54. Adequate ventilation and lighting; designated areas used.  | •• |    |    |   |   |   |  |  |
| Administrative/Other   | Υ  | Ν  | 0  | Α | С | R |  |  |
| 55. Other violations   |    | þ  |    |   |   |   |  |  |
| Fail Notes  8-404.11  P - A LICENSEE shall immediately discontinue operations and notify the REGULATORY AUTHORITY if an IMMINENT HEALTH HAZARD may exist because of an emergency such as a fire, flood, extended interruption of electrical or water service, SEWAGE backup, misuse of POISONOUS OR TOXIC MATERIALS, onset of an apparent foodborne illness outbreak, gross insanitary occurrence or condition, or other circumstance that may endanger public health. A LICENSEE need not discontinue operations in an area of an establishment that is unaffected by the IMMINENT HEALTH HAZARD.  [Due to the infestation of rodents in establishment, establishment must close until evidence of pest is eliminated. PIC will call inspector when ready to reopen.] |    |    |    |   |   |   |  |  |

The following educational materials were provided

### Footnote 1

#### Notes:

With rodent droppings being on the paper the bread is baked on, it was recommended to discard all the bread in establishment.

### Footnote 2

#### Notes:

Strips in place for quat.

### Footnote 3

#### Notes:

handsink in front of house at 107F, handsink in back of house at 103F

### **VOLUNTARY CLOSURE STATEMENT**

**Insp Date:** 3/5/2015 **Business ID:** 111930FE **Inspection:** 77001184

Business: SUBWAY Store ID:

**Phone:** 9134330433 **Inspector:** KDA77

KANSAS CITY, KS 66102 Reason: 09 Modified Complaint

Time In / Time Out

| Date     | In       | Out      | Insp | Travel | Total | Mileage | Notes; |
|----------|----------|----------|------|--------|-------|---------|--------|
| 03/05/15 | 09:55 AM | 10:45 AM | 0:50 | 0:10   | 1:00  | 0       |        |
| Total:   |          |          | 0:50 | 0:10   | 1:00  | 0       |        |

#### VOLUNTARY CLOSURE STATEMENT

3714 STATE AVE

BECAUSE OF DEFICIENCIES NOTED ON THE ATTACHED KANSAS DEPARTMENT OF AGRICULTURE INSPECTION REPORT, I VOLUNTARILY AGREE TO CLOSE THIS ESTABLISHMENT AND CEASE OPERATION UNTIL NEEDED CORRECTIONS HAVE BEEN COMPLETED. I AGREE NOT TO REOPEN THIS ESTABLISHMENT PRIOR TO REINSPECTION BY THE FOOD, DRUG, AND LODGING SURVEYOR.

|                          | Reinspection is currently scheduled   | for   |
|--------------------------|---|---|
| Inspection Report Number | 77001184  | Inspection Report Date 03/05/15                                     |
| Establishment Name       | SUBWAY  |   |
| Physical Address         | 3714 STATE AVE  | City KANSAS CITY  |
|                          |   | Zip <u>66102</u>  |
| Additional Notes         | Due to the infestation of rodents, the will call inspector when ready for reins | establishemt will close until evidence is eliminated. PIC spection. |

#### NOTICE OF NON COMPLIANCE WITH KANSAS LAW

**Insp Date:** 3/5/2015 **Business ID:** 111930FE **Inspection:** 77001184

Business: SUBWAY Store ID:

**Phone:** 9134330433 **Inspector:** KDA77

3714 STATE AVE Inspector: KDA77
KANSAS CITY, KS 66102 Reason: 09 Modified Complaint

Time In / Time Out

| Date     | In       | Out      | Insp | Travel | Total | Mileage | Notes; |
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#### NOTICE OF NON COMPLIANCE WITH KANSAS LAW

The Kansas Food, Drug and Cosmetic Act, effective July 1, 2012 includes K.S.A. 65-619 et seq. and regulations promulgated pursuant thereto and grants the Kansas Department of Agriculture the authority to regulate food establishments and food processing plants.

The Kansas Food, Drug and Cosmetic Act requires that all violations shall be corrected no later than 10 days after this inspection unless otherwise directed on this form.

Failure to comply with the food safety law and its regulations may result in embargo of non-compliant products; immediate closure of your establishment; civil penalties of up to \$1,000.00 per violation; denial of license renewal, modification, suspension and/or revocation of any license or authority issued pursuant to the food safety law; and/or any other penalty authorized by law. Pursuant to K.S.A. 65-619 et seq, licensees issued authority under the Kansas Food, Drug and Cosmetic Act may apply to the secretary for an extension of the time prescribed above.

PLEASE CALL (785) 296-5600 IF YOU HAVE ANY QUESTIONS.

|                                   | Follow up Scheduled                 |                                 |
|-----------------------------------|-------------------------------------|---------------------------------|
| Inspection Report Number          | 77001184                            | Inspection Report Date 03/05/15 |
| Establishment Name                | SUBWAY                              |                                 |
| Physical Address                  | 3714 STATE AVE                      | City KANSAS CITY                |
|                                   |                                     | Zip <u>66102</u>                |
| Additional Notes and Instructions | Follow up scheduled for 10 days aft | er reopening inspection.        |